OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department Navy (Army, Navy, etc.) 2. Bureau or office M.S.T.S. Pacific Area (Engineer, Navigation, etc.)
3. Place of employment HUNTS GEN. JOHN POPE (T-AP 116), (Arsenal, navy yard, etc.) (City) (State)
4. Reporting office USNS GEN. JOHN POPE (T-AP 116) (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Leon Rd Hemphill, Boatswain

The injured employee

6. Name of injured employee Miguel R. MANSANO (Give first name in full) 7. Age 50 8. Sex M 9. Citizenship U.S.
10. Home address 1226 Palmetto Street, Delano, California (Street and number) (City or town) (State)
11. Occupation and division Able Bod. Seaman, deck dept. (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? Twenty-eight (28)
14. How long at present work in this establishment? Two & eight (28)
15. Dates of other injuries -
16. Rate of pay on date of injury, $ 689 per annum { and subsistence valued at $ 6.50 per day; and quarters valued at $ 6.50 per day }
17. Employee begins work at 0700 a. m. 18. Regular day's work ends 1600 p. m. (Hour, a. m. or p. m.)
19. Hours worked per day Eight (8) 20. Days paid per week Seven (7)

The injury

21. Place where injury occurred USNS POPE, Pier #2, SF Naval Shipyard, Hunter's Point (Give exact location, as name or number of building and division, etc.)
22. Date of injury 12 August, 19 49; day of week Tuesday; hour of day 0810 a. m. (a. m. or p. m.)
23. Date employee stopped work -, 19 -; day of week -; hour of day - m. (a. m. or p. m.)
24. Date employee's pay stopped -, 19 -; day of week -; hour of day - m. (a. m. or p. m.)
25. Has employee returned to work? Yes - Same time (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave - (Give exact dates)
(b) Sick leave - (Give exact dates)
(c) Any other reason - (Give exact dates)
27. Describe in full how injury occurred While taking turns of wire off cleat of #2 Topping lift, one turn of wire got away from AB Novillion, hitting Manzano, AB, on the upper right side of his face, just below the right eye. The wire was figure eight (8) on the cleat. The wire was stiff and apparently got out of Novillion's grasp, coming into contact with the man, Manzano, working with him. Nothing could have prevented the accident.
28. State part of body injured and nature and extent of injury Upper right side of face, below eye
29. Did injury cause loss of any member or part of member? No If so, describe exactly
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury?
(Answer to question 5, Form C. A. 1. must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury Antonio Ybabe, 167-1, USNS POPE
C.P. Novillion, 167-4, USNS POPE
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under the Bureau's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case H.P. Danghart, M.D., S.F. Nav Hvl Shipyd Hunter's Point
36. How soon after injury? One-half hour (½ hr) Dispensary
37. To what hospital sent? Dispensary, USNS POPE (T-AP 116) Location Hunter's Point, San Fran
38. Name and address of physician now attending case None

Signed this 22 day of August, 1949

(Signature of reporting officer)

at USNS POPE (T-AP 116)

First Officer (Title)

C. A. 2
December 1961

(OVER)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

A turn of wire flipped loose while Bonillion and Manzano were taking turns of wire off the cleat of No. 2 topping lift. It hit Manzano in the face area on the right side. We stopped work then and went to seek assistance.

Signed this 14 day of August, 19 69 Aniceto A. Tales 167-1

(Signature of witness)

Manzano and I were taking turns of wire off cleat of No. 2 Topping Lift. I tried to push wire off the clip that holds it. It then slipped off clip, the wire was released, slipping out of my grasp and hitting Manzano.

Signed this 14 day of August, 19 69 G.P. Bovillion 167-4

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Miguel B. Manzano #12645 (Name of employee) was not was given first-aid treatment, or examined, on 14 August, 19 69, at m., and (Was or was not) disabled for work. Probable length of disability will be In my opinion disability (Was or was not) due to injury on, 19

Nature of injury as found on examination Abrasion O.D. tempal portion lower lid, no globe involvement.

Hospitalized Will return for further treatment

Discharged Other disposition

Remarks

Signed this 18th day of August 1969, 19 69

at San Francisco Bay Naval Shipyard Hunter's Point Dispensary San Francisco, Calif. 94135

(Signature of medical officer)

H. P. BARKHART, M.D.

(Title)

U.S. GOVERNMENT PRINTING OFFICE: 1964—O-734-915

NAVEXOS-108 (REV. 1-60)
EXCEPTION TO STANDARD FORM 92
APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): 14 August 1969

1. REPORTING SHIP, ACTIVITY OR UNIT	FLEET OR NAV. DIST. NO.	Do not use
USNS [illegible] (T-AP 116)		

2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)	AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT						EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES
			REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
MANZANO, Miguel R. # 12[illegible] 167-5	24	2							5	0

3. PROPERTY/EQUIPMENT DAMAGE		ESTIMATED DAMAGE COST			
TYPE	OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL
None					

4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT		
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.
0930	12	August		X			X		

5. DESCRIPTION OF ACCIDENT: *Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.*

While taking turns of wire off cleat of No. 2 Topping Lift, one turn of wire got away from ABM Movillion, hitting Manzano on the upper right side of his face, just below the right eye. The wire was stiff and apparently difficult to free without considerable effort on the part of the men involved. The turn of wire simply got out of Movillion's grasp, coming into contact with the man at the other end of the turn of wire, Manzano.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 ☐ YES ☐ NO B. C.A.2 ☐ YES ☐ NO C. OTHER (INDICATE):

7. RECOMMENDED CORRECTIVE ACTION: *What recommendations have been made which will help prevent another accident like this?*

Advised men involved to use considerable caution to accomplish projects like this; particularly to use extra men as safety measures to prevent the wire getting away from their grasp.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:	TITLE, RANK, RATE OR GRADE	DATE
[signature]	First Officer	14 August 1969

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with action taken as set forth in Par 7.

SIGNATURE OF REVIEWING OFFICIAL:	TITLE, RANK, RATE OR GRADE	DATE
[signature]	Master	14 August 1969

SECTION 9 AGENCY INVOLVED

Check (x) and specify in space provided the object or substance most closely associated with the injury and which in general could have been properly guarded or corrected. One check (x) MUST be entered in this section.

Do not use

- [ ] 1. MACHINES: _____ *(Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)*
- [ ] 2. PRIME MOVERS & PUMPS: _____ *(Steam, internal combustion or air; compressors, fans, blowers, etc.)*
- [ ] 3. ELEVATORS: _____ *(Passenger, freight, aircraft or dumbwaiters)*
- [x] 4. HOISTING APPARATUS: _____ *(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)*
- [ ] 5. CONVEYORS: _____ *(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)*
- [ ] 6. BOILERS & PRESSURE VESSELS: _____ *(Fired or unfired, pressure lines, etc.)*
- [ ] 7. VEHICLES: _____ *(All types; except in traffic or flight)*
- [ ] 8. ANIMALS: _____ *(Including insects and reptiles)*
- [ ] 9. MECHANICAL POWER TRANSMISSION APPARATUS: _____ *(Belts, gears, couplings, etc.)*
- [ ] 10. ELECTRICAL APPARATUS: _____ *(Motors, transformers, lamps, appliances, etc.)*
- [ ] 11. HAND TOOLS: _____ *(Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)*
- [ ] 12. CHEMICALS: _____ *(Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)*
- [ ] 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: _____ *(Fire, alcohol, steam, paints, etc.)*
- [ ] 14. DUSTS: _____ *(Explosive, organic or inorganic; leather, emery, coal, etc.)*
- [ ] 15. RADIATIONS & RADIATING SUBSTANCES: _____ *(X-Ray, radium, ultra violet rays, etc.)*
- [ ] 16. WORKING SURFACES: _____ *(Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)*
- [ ] 17. AGENCIES: _____ *(Any object or substance not otherwise classified.)*

WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?

SECTION 10 UNSAFE MECHANICAL CONDITION

Check (x) and specify the PRINCIPAL unsafe condition which led to or was responsible for the accident. One check (x) MUST be entered in this section.

- [ ] 18. IMPROPER GUARDING: _____ *(Unguarded, inadequately guarded, etc.)*
- [ ] 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: _____ *(Broken, rough, slippery, poorly designed, etc.)*
- [ ] 20. HAZARDOUS ARRANGEMENT: _____ *(Unsafe piling, poor layout, etc.)*
- [ ] 21. IMPROPER ILLUMINATION: _____ *(Insufficient light, glare, etc.)*
- [ ] 22. IMPROPER VENTILATION: _____ *(Dusty, gassy, impure air source, etc.)*
- [ ] 23. UNSAFE CLOTHING: _____ *(Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)*
- [x] 24. NO UNSAFE CONDITION:
- [ ] 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : *(Explain)* _____

SECTION 11 TYPE OF ACCIDENT

Check (x) type of accident. One check (x) MUST be entered in this section.

- [ ] 26. STRIKING AGAINST *(Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.*
- [x] 27. STRUCK BY *(Falling, flying, sliding, or moving objects.)*
- [ ] 28. CAUGHT IN, ON, OR BETWEEN.
- [ ] 29. FALL ON SAME LEVEL.
- [ ] 30. FALL TO DIFFERENT LEVEL.
- [ ] 31. SLIP *(not fall)* OR OVER-EXERTION. *(Resulting in strain, hernia, etc.)*
- [ ] 32. EXPOSURE TO TEMPERATURE EXTREMES. *(Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)*
- [ ] 33. INHALATION, ABSORPTION, SWALLOWING. *(Asphyxiation, poisoning, drowning, etc.)*
- [ ] 34. CONTACT WITH ELECTRIC CURRENT.
- [ ] 35. ELECTRIC WELDING FLASH.
- [ ] 36. FOREIGN BODIES IN EYE. *(Resulting from dust, chips, airborne particles, etc.)*
- [ ] 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. *(Explain)* _____

SECTION 12 UNSAFE ACT

Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.

- [ ] 38. OPERATING WITHOUT AUTHORITY. *(Failure to secure or warn)* _____
- [ ] 39. OPERATING OR WORKING AT UNSAFE SPEED. *(Too slow, too fast, throwing materials, etc.)* _____
- [ ] 40. MAKING SAFETY DEVICES INOPERATIVE. *(Removing, misadjusting, disconnecting, etc.)* _____
- [ ] 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY. _____
- [ ] 42. UNSAFE LOADING, PLACING, MIXING, ETC. _____
- [ ] 43. UNSAFE POSITION, POSTURE OR ACT, ETC. *(Under suspended loads, lifting with bent back, etc.)* _____
- [ ] 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. *(Cleaning, adjusting, oiling, etc.)* _____
- [ ] 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. *(Quarreling, horseplay, etc.)* _____
- [ ] 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. *(Hats, goggles, etc.)* _____
- [x] 47. NO UNSAFE ACT.
- [ ] 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED *(Explain)* _____

SECTION 13 UNSAFE PERSONAL FACTOR

Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.

- [ ] 49. IMPROPER ATTITUDE *(Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)* _____
- [ ] 50. LACK OF KNOWLEDGE OR SKILL *(Unaware of safe practice, unskilled, etc.)* _____
- [ ] 51. BODILY DEFECTS *(Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)* _____
- [x] 52. NO UNSAFE PERSONAL FACTOR: _____
- [ ] 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED *(Explain)*: _____

SECTION 14 TYPE OF INJURY

Check (x) type of injury, one check (x) MUST be entered in this section.

- [x] 54. WOUNDS *(Concussion, abrasion, incision, laceration)*
- [ ] 55. SPRAINS
- [ ] 56. STRAINS *(Muscular)*
- [ ] 57. HERNIA
- [ ] 58. FRACTURES
- [ ] 59. AMPUTATIONS *(Loss of bony substances)*
- [ ] 60. AVULSION *(Loss of non-bony substance by shearing or tearing away)*
- [ ] 61. BURNS AND SCALDS
- [ ] 62. FOREIGN BODY IMBEDDED
- [ ] 63. FOREIGN BODY, LOOSE *(Dust, etc.)*
- [ ] 64. FLASHES
- [ ] 65. FUMES AND GASES
- [ ] 66. POISONS
- [ ] 67. SKIN DISEASE *(Occupational)*
- [ ] 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: *(Drowning, Electrocution, Heat Exhaustion, etc.)* _____

SECTION 15 PART OF BODY

Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).

- [x] 69. HEAD FACE
- [ ] 70. BACK
- [ ] 71. EYES
- [ ] 72. TRUNK
- [ ] 73. ARMS
- [ ] 74. HANDS
- [ ] 75. FINGERS
- [ ] 76. LEGS
- [ ] 77. FEET
- [ ] 78. TOES
- [ ] 79. SYSTEMIC *(Stomach, intestines, lungs, heart, nerves, etc.)*
- [ ] 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: *(Explain)* _____